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The influence of negative affectivity on depressive symptoms, perceived social support and
marital satisfaction among African American women

by

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A thesis submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of
MASTER OF SCIENCE

Major: Human Development and Family Studies

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ABSTRACT

This study examined whether the relationship between depressive symptoms and relational outcomes such as marital satisfaction and perceived spousal social support reflect the influence of a third variable, negative affectivity. Specifically, the study addressed whether the effects of negative affectivity on these other self report measures extend over time. Negative affectivity, marital satisfaction, and perceived spousal social support were tested as predictors of depression. The sample included 178 married African American women participating in the FACHS study. Both perceived spousal support and marital satisfaction continued to significantly predict depression after controlling for negative affectivity at a previous time point. These findings suggest that the effects of negative affectivity appear to weaken over time.

CHAPTER 1. OVERVIEW

Previous research has linked relational outcomes such as marital quality and social support to depression (Spotts et al., 2004). One study found that the risk for depression drastically increases when one is in a discordant marriage versus a non-distressed marital relationship (Schroeder, Hahlweg, Fiedler, & Mundt, 1996). Research examining the association between social support and depression has identified lack of social support as a risk factor (Yuh et al., 2008). Depressed individuals also appear to have more difficulty eliciting support from others as well as exhibiting more negative versus positive support behaviors toward their spouse (Beach, Fincham, & Katz, 1998).

There is also a large literature that examines the relationship between personality characteristics and marital outcomes. Karney and Bradbury (1995) suggest that neuroticism is a personality trait that plays a significant role in marriage. More specifically, individuals high in neuroticism and their partners report being less satisfied with their relationship (Karney & Bradbury, 1995). Watson and Clark (1984) argue that negative affectivity or neuroticism may reflect a common underlying factor that influences self-report measures, including variables such as stress, health, mood, and life satisfaction (Watson, Pennebaker, & Folger, 1987). Since previous research has indicated (a) an association among marital satisfaction, social support, and depression, and (b) an association between neuroticism/negative affectivity and each of these variables, Watson et al. (1987) predict that the relationships among depression and relational outcomes (i.e., perceived spousal social support and marital satisfaction) may be due to the influence of the disposition to respond negatively.

This study tested the generalizability of Watson and colleagues' (1984, 1987) findings by examining associations among depressive symptoms and relational outcomes after controlling for negative affectivity. I used an African American sample of married women to examine whether the relationships between depressive symptoms and relational outcomes, such as marital satisfaction and perceived spousal social support, reflect the influence of a third variable, negative affectivity, on these factors. According to Watson et al. (1987), individuals who are high in negative affectivity may be biased in perceiving relationships more negatively and reporting more depressive symptoms. As a consequence, the relationship between depressive symptoms and relational variables such as marital satisfaction and social support may actually represent the impact of negative affectivity on these variables as opposed to a causal relationship (i.e., low levels of social support leading to higher levels of depression). Therefore, I hypothesize that the relationship between (1) depressive symptoms and marital satisfaction, and (2) depressive symptoms and perceived spousal social support will become non-significant after controlling for negative affectivity.

CHAPTER 2. REVIEW OF LITERATURE

Social Support and Marital Satisfaction

A high level of social support has been linked to numerous positive outcomes, both individual as well as relational (Dehle, Larsen, & Landers, 2001). Individual outcomes include improved responses to medical interventions for illnesses, lower rates of illnesses, and better psychological functioning (Cassel, 1976). Social support has also been found to play a role in relationship maintenance (Pasch, Bradbury, & Davila, 1997). Previous research has indicated that members of couples who report higher levels of social support from their spouse are more satisfied with their marriage (Acitelli & Antonucci, 1994; Julien & Markman, 1991). These findings indicate there is a relationship between social support and both individual and marital adjustment.

It is important to note that certain sources of social support are more effective than others. According to Thoits (1986), support is most effective when it comes from someone who has similar values and characteristics and who is facing similar stressful experiences. Spouses are usually similar to one another and are likely to be experiencing many of the same stressors. Therefore, spousal support has been found to be more effective than other sources of support, such as family or friends. Spousal social support is especially effective because he or she is usually the first person one goes to for assistance (Blood & Wolfe, 1960). A study conducted by Brown and Harris (1978) examining vulnerability to depression found that social support from immediate family members did not make up for a lack of support from a spouse, indicating the importance of spousal support at the individual level.

Cutrona (1996) suggested four mechanisms through which social support may enhance relationship satisfaction. First, support from a spouse in stressful times can prevent

emotional withdrawal and isolation. Spousal support can also prevent the onset of severe depression and the damaging behaviors associated with depression. Third, supportive behaviors from one's spouse can hinder the escalation of conflict. Finally, spousal support can increase the emotional intimacy in the relationship.

Marital Quality and Depression

Empirical evidence suggests that marital quality is more strongly associated with depression and depressive symptoms than with other psychological disorders (Spotts et al., 2004; Zlotnick, Kohn, Keitner, & Della Grotta, 2000). One study found that the risk for depression increases nearly 25-fold when one is in a discordant marriage versus a non-distressed marital relationship (Schroeder, Hahlweg, Fiedler, & Mundt, 1996). Two models have been proposed by Gotlib and Hooley (1988) to explain the relationship between marital distress/quality and depression: "(1) the experience and impact of a depressive episode may lead to marital distress; (2) marital distress leads to a depressive episode" (p. 258). However, it is difficult to assess the causal nature of this relationship due to the correlational nature of the studies (Schroeder et al., 1996).

Social Support and Depression

Social support is another aspect of relationships that has been found to be associated with depression. More specifically, Yuh and colleagues suggest that lack of social support has been identified as a risk factor for depression (Yuh et al., 2008). Depressed individuals appear to have more difficulty eliciting support from others and are more likely to exhibit negative versus positive support behaviors toward their spouse (Beach et al., 1998). During a depressive episode, individuals perceive less support versus when they are in remission (Levkowitz et al., 2003). As noted by Spotts et al. (2004, p. 102), "the presence of a

confidant, especially a trusted mate, is a protective factor against depression in the event of a crisis (Brown & Harris, 1978), while problems with a spouse or relatives can increase the risk of major depression.”

Marriage and the African American Community

It is important to consider the cultural context of individuals when seeking to understand the relationship between variables such as depression, social support, and marital satisfaction. There has been little research conducted on married African American couples; rather, more attention has been focused on single-parent families (Billingsley, 1992). However, according to 2000 census data, married couples constitute the largest demographic group among African American individuals earning over \$25,000 annually (Cutrona et al., 2003). The Survey of Black Americans found that married African American men and women highly value marriage as a context for raising children, companionship, and financial security (Billingsley, 1992).

Current research does not support differences in the predictors of marital satisfaction and stability for African American versus European American couples (McLoyd, Cauce, Takeuchi, & Wilson, 2000). However, “African American couples often experience relationship stress because of the added burden of racism and their own internalization of negative projections about each other” (Hines & Boyd-Franklin, 2005, p. 90). African American marriages have also been identified as distinct in regards to the increased involvement of extended family (McAdoo, 1981).

Negative Affectivity and Neuroticism

There is evidence suggesting that marital outcomes are associated with certain personality traits. Costa and McCrae (1985, 1987) defined the personality trait of neuroticism

as “a broad dimension of individual differences in the tendency to experience negative, distressing emotions and to possess associated behavioral and cognitive traits” (p. 301). The term *negative affect*, often used interchangeably with neuroticism, “subsumes a range of aversive mood states, including anger, disgust, scorn, guilt, fearfulness, and depression” (Watson & Pennebaker, 1989, p. 234). Watson and Pennebaker distinguish between negative affect as a state (fluctuations in mood) versus a trait (stable differences in affect). Negative affectivity (or trait NA as termed by Tellegen, 1982) represents a predisposition to experience aversive mood states. Those high in *trait* NA are more likely to experience intense *states* of negative affect. Watson and Pennebaker (1989) assert that there are large individual differences in NA, and these differences have a substantial heritable component. These differences in NA have also been found to be stable over time and across contexts.

Watson et al. (1987) suggest that negative affectivity or neuroticism may reflect a common underlying factor that influences self-report measures of variables such as stress, health, mood, and subjective dissatisfaction. Watson and Clark (1984) found that individuals high in trait NA were more likely to experience significant levels of distress and dissatisfaction with themselves and their lives, even in the absence of stress. “High NA subjects are more introspective and differentially dwell on their failures and shortcomings. They also tend to focus on the negative side of others and the world in general. In contrast, low NA individuals tend to be content, secure, and self-satisfied” (Watson & Pennebaker, 1989, p. 234). According to their predictions, individuals who are high in negative affectivity may be biased in how they perceive themselves and their relationships.

Negative Affectivity, Neuroticism and Marital Satisfaction

Emerging evidence has shown that individuals with certain personality traits are at higher risk for experiencing distress and instability in their intimate relationships (McGue & Lykken, 1992; Robins et al., 2002; Russell & Wells, 1994). Karney and Bradbury (1995) suggest that neuroticism is the personality trait that plays the most important role in marital outcomes. They found evidence that both spouses and the partners of spouses high in neuroticism are less satisfied with their relationships. Zaleski and Galkowska (1978) suggest that “neuroticism is one of the factors which disrupt a potentially happy marriage and that neurotic wives and/or husbands have difficulties in coping with problems of everyday life” (p. 286). They found that higher levels of neuroticism in unhappily married couples were already present in those individuals’ childhoods and before marriage, suggesting that neuroticism precedes relational outcomes.

There are two theoretical perspectives that have been used to explain the relationship between neuroticism and marital satisfaction. *Interpersonal models* suggest individuals high in neuroticism are less satisfied with their relationships because they tend to create negative life events through their negative behavior and emotional states. *Intrapersonal models* suggest these individuals are less satisfied with their relationships because they are less satisfied with their lives in general, possibly due to their negative perceptions of life events (Fisher & McNulty, 2008). Therefore, interpersonal models suggest disruptive effects on relationships whereas intrapersonal models imply a negativity bias in their view regarding characteristics of their life.

There is research suggesting that the effects of neuroticism on marital satisfaction may change over time. Although neuroticism, as a trait, should remain relatively stable, the

effects of neuroticism could vary as the context of the relationship changes. Zayas, Shoda, and Ayduk (2002) stated that the environment of a relationship is “itself a living thing – something that is continuously changing, personal, active, and reactive” (p. 114). The cognitive-affective model proposed by Shoda, Tiernan, and Mischel (2002) suggests that the personality of an individual’s partner can be understood as the “environment” that interacts with one’s own personality to determine interpersonal behavior. Therefore, given that the effects of neuroticism are determined in part by the context of the relationship, the effects of neuroticism may also change. However, findings from studies investigating this change in influence over time have been inconsistent.

Negative Affectivity, Social Support and Depression

It appears that neuroticism is also related to various mental health outcomes, such as depression (Krueger, Caspi, Moffitt, Silva, & McGee, 1996). Watson and Clark (1984) suggest that individuals high in negative affectivity are more likely to experience chronically high levels of psychological distress across time and across situations. A study conducted by Finch and Graziano (2001) found that social support can serve as a mediator of the effects of temperament on depressive symptoms. They hypothesized that certain personality traits, such as neuroticism, may dispose people toward certain behavior patterns in relationships that can lead to psychological outcomes such as depression (Finch & Graziano, 2001). Yuh et al. suggest that there is a link between personality characteristics and social support in that temperament “may account for capability to establish social support, as well as the vulnerability to depression” (2008, p. 99).

Watson et al. (1987) argue that negative affectivity is a stable and general disposition such that interrelationships among various measures, such as self-reported stress, mood, and

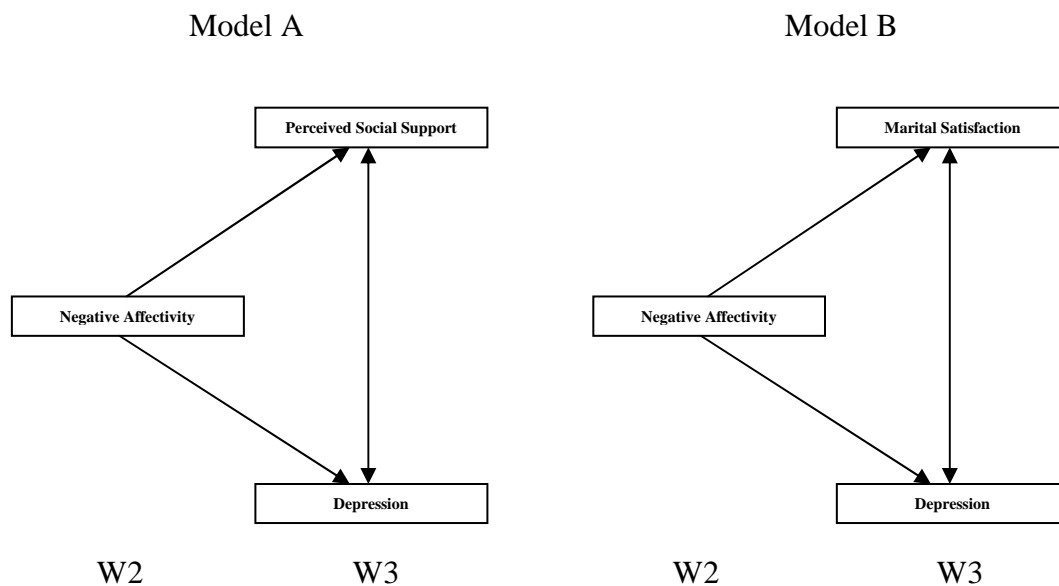
subjective dissatisfaction, all reflect the influence of NA. They suggest that some people are more highly disposed to responding negatively to questionnaire items and, therefore, NA may operate as a nuisance factor in self-report data (Watson et al., 1987). For example, in considering the construct of stress Watson et al. assert, “To the extent various self-report measures all tap the same underlying NA construct, presumed ‘independent variables’ and ‘dependent variables’ in many stress studies may represent little more than different measures of the same thing- and that *thing* is not necessarily the construct of stress, but perhaps merely the disposition to respond negatively” (1987, p. 155).

Watson and Clark (1984) conducted a comprehensive review of a large number of commonly used personality measures and found that a variety of trait measures were highly inter-correlated. These trait measures reflected the same underlying construct of negative affectivity or neuroticism, and included measures of anxiety, neuroticism, repression/sensitization, depression, defensiveness, ego strength, social desirability, and general maladjustment. Watson et al. (1987) stated, “The identification of this pervasive affective disposition suggested to us that NA might be the factor accounting for the relatedness of stress perceptions, negative moods, and physical symptoms” (p. 144). To test this hypothesis, Watson and colleagues had approximately 150 healthy adults complete a battery of tests that included measures of negative affectivity, stress, and current emotional states. They found these measures to be highly intercorrelated, suggesting that perceptions of negative moods, stress, and physical symptoms may represent the same underlying construct of negative affectivity.

The current study tested the generalizability of Watson et al.’s (1987) findings by examining associations among depressive symptoms and relational outcomes after

controlling for negative affectivity or neuroticism. The study used an African American sample of women to examine whether the relationships between depression and relational outcomes, such as marital quality and perceived spousal social support, reflect the influence of a third variable, negative affectivity, on these mood and relationship variables. Although previous research has indicated significant correlations between depression and relational outcomes (i.e., spousal social support and marital satisfaction), I hypothesize that the relationship between perceived spousal social support and depression as well as marital satisfaction and depression may be due to the influence of the disposition to respond negatively. As shown in Figure 1, I predict that the association between Wave 3 social support and depression (Model A) and Wave 3 marital satisfaction and depression (Model B) will be accounted for by the influence of a third variable, Wave 2 negative affectivity.

Figure 1. Hypothesized models



CHAPTER 3. METHODS

Participants

This investigation used data from a sample of married African American women who were participating in a longitudinal investigation known as the Family and Community Health Study (FACHS). The sample consisted of over 700 African American families living in Iowa and Georgia. When the study began in 1997 all of the families included a child between 10-12 years of age. Participants were recruited using school and community liaisons from communities with at least 10% African American residents according to the 1990 U.S. Census.

The current study used data collected during Waves 2 and 3 that were conducted in 1999 and 2002, respectively. The sample was limited to African American women who identified themselves as the primary caregiver of the child in the home. It was further narrowed to include only those participants who were married at Waves 2 and 3, yielding a sample of 178 participants.

Measures

Marital satisfaction. Marital satisfaction was assessed with two items modified from a measure of relationship satisfaction developed by Huston, McHale, and Crouter (1986). The first question asked participants to indicate how happy they are in their relationship with responses ranging from 1 (extremely happy) to 6 (extremely unhappy). Question 2 asked participants to rate how satisfied they are in their relationship, with responses ranging from 1 (completely satisfied) to 5 (not at all satisfied). The responses were reverse coded so that a high score represented a high level of marital satisfaction and a low score represented low marital satisfaction. This measure was highly reliable ($\alpha = .90$).

Social support. Perceived social support was assessed using a 10 item version of the Social Provisions Scale (Cutrona & Russell, 1987; see Appendix A). The purpose of the scale is to examine the degree to which respondents' perceive their social relationships as supportive. For this study, however, respondents were asked specifically to evaluate support provided by their spouse. The scale included items such as, "You can depend on FNAME to help you if you really need it" (FNAME was replaced with the spouse's name by the interviewer). Items were both negatively and positively worded, and responses ranged from 1 (strongly agree) to 4 (strongly disagree). Scores on the measure were found to be highly reliable ($\alpha = .88$).

Depression. Depression was assessed with items from the mini Mood and Anxiety Symptom Questionnaire (mini-MASQ) developed by Clark and Watson (1995). Five items were used from the eight-item General Distress subscale of the mini-MASQ. The subscale is designed to measure non-specific symptoms of anxiety and depression. Respondents indicated to what extent they had experienced each symptom over the previous week. This included how often they felt depressed, discouraged, hopeless, like a failure, and worthless. Responses ranged from 1 (not at all) to 3 (extremely). The measure showed adequate reliability ($\alpha = .80$).

Negative Affectivity. Negative Affectivity was assessed with the 14-item Negative Emotionality subscale from the Brief Temperament Survey (BTS) developed by Clark and Watson (1995; see Appendix B). The BTS is a short form of the General Temperament Survey (Clark, 1990; Watson & Clark, 1995). Items were answered using a true/false format and included statements such as, "Small problems often irritate you." Responses to the 14

items were averaged to form an aggregate score for negative affectivity. Scores on the measure were highly reliable ($\alpha = .85$).

CHAPTER 4. RESULTS

The sample included only participants who were African American, female, and married at both Wave 2 and Wave 3 of the FACHS study, yielding a total of 178 subjects. The mean age of participants was 39 years at Wave 2 ($SD = 7.3$), with a minimum age of 28 years and a maximum age of 73 years. Average total household income at Wave 2 was \$52,358 ($SD = \$34,228$), with a minimum reported value of zero dollars and a maximum of \$245,500. Eighty-two percent of participants reported they were employed, with the remaining participants being full-time homemakers (7.3%), unemployed (4.5%), permanently disabled (2.2%), and retired (1.7%). Educational level of participants is indicated in Table 1.

Table 1. Level of education

	<i>Frequency</i>	<i>Percent</i>
Less than HS diploma	21	11.8
HS diploma or GED	39	21.9
Some post-secondary education	55	30.9
Bachelor's degree	14	7.9
Other	49	27.5

Descriptive statistics for study variables are presented in Table 2. On average, participants reported very high levels of marital satisfaction and social support. Conversely, they also reported very low levels of negative affectivity and depression.

Table 2. Descriptive statistics for study variables

	<i>M</i>	<i>SD</i>	<i>Possible Range</i>
W2 Negative Affectivity	1.2	0.3	1.0-2.0
W3 Depression	1.2	0.3	1.0-3.0
W3 Marital Satisfaction	4.4	1.0	1.0-5.5
W3 Social Support	3.3	0.7	1.0-4.0

Correlations among the study variables are presented in Table 3. As expected, there was a significant positive correlation between negative affectivity and depression and between marital satisfaction and perceived social support. There was a significant negative correlation between depression and marital satisfaction as well as between depression and perceived social support. The correlation of negative affectivity with perceived social support and marital satisfaction was also negative; however, only the former value was statistically significant.

Table 3. Correlations among study variables

	Negative Affectivity	Depression	Marital Satisfaction	Social Support
W2 Negative Affectivity	1.00			
W3 Depression	.39**	1.00		
W3 Marital Satisfaction	-.14	-.27**	1.00	
W3 Social Support	-.17*	-.30**	.74**	1.00

* $p < .05$, ** $p < .01$

The next set of analyses examined relationships among the variables based on the models shown in Figure 1. Consistent with Model A, the correlation between depression and social support shown in Table 3 was statistically significant, with social support accounting for 9% of the variance in depression. Based on the predictions of Watson et al. (1987), Model A specifies that negative affectivity will account for this relationship; that is, the significant correlation between social support and depression will become non-significant once I control for levels of negative affectivity.

A hierarchical multiple regression analysis was conducted to test this prediction. In Step 1 of the analysis, Wave 2 negative affectivity was entered into the regression equation as a predictor of Wave 3 depression. In Step 2, Wave 3 social support was entered into the regression equation as a predictor of Wave 3 depression. As predicted, negative affectivity significantly predicted depression, accounting for 14.4% of the variance in depression. However, after controlling for negative affectivity perceived social support continued to be a statistically significant predictor of depression, accounting for an additional 5.3% of the variance (see Table 4). Together, negative affectivity and perceived social support explained 19.7% percent of the variance in depression at Wave 3.

Table 4. Hierarchical regression results for Model A

		B	SE	β
Step 1	W2 Negative Affectivity	.46	.08	.39***
Step 2	W2 Negative Affectivity	.41	.08	.34***
	W3 Social Support	-.11	.03	-.24***

* $p < .05$, ** $p < .01$, *** $p < .001$

Consistent with Model B, the correlation between depression and marital satisfaction shown in Table 3 was statistically significant, with marital satisfaction accounting for 7.2% of the variance in depression. Based on the predictions of Watson et al. (1987), Model B specifies that negative affectivity will account for this relationship; that is, the significant correlation between marital satisfaction and depression will become non-significant once I control for levels of negative affectivity.

Table 5. Hierarchical regression results for Model B

		B	SE	β
Step 1	W2 Negative Affectivity	.46	.08	.39***
Step 2	W2 Negative Affectivity	.42	.08	.36***
	W3 Marital Satisfaction	-.07	.02	-.22***

* $p < .05$. ** $p < .01$. *** $p < .001$.

A hierarchical multiple regression analysis was conducted to test Model B. In Step 1 of the analysis, Wave 2 negative affectivity was entered into the regression equation as a predictor of Wave 3 depression. In Step 2 of this analysis, Wave 3 marital satisfaction was entered as a predictor of Wave 3 depression. As found in the previous regression analysis, negative affectivity significantly predicted depression, accounting for 14.4% of the variance in depression. However, after controlling for negative affectivity marital satisfaction continued to be a statistically significant predictor of depression, accounting for an additional 4.8% of the variance (see Table 5). Together, negative affectivity and marital satisfaction explained 19.2% percent of the variance in depression at Wave 3.

CHAPTER 5. DISCUSSION

This study was designed to further examine Watson et al.'s (1987) prediction that the interrelationships among various self-report measures, such as stress, mood, and subjective dissatisfaction, all reflect the influence of negative affectivity or NA. More specifically, they suggested that individuals who are high in NA are more disposed to respond negatively to questionnaire items and, therefore, NA may operate as a nuisance factor in self-report data (Watson et al., 1987). The results did not support this hypothesis; after controlling for negative affectivity, both perceived social support and marital satisfaction continued to significantly predict depression. This finding suggests that there may be something unique about relational variables such as social support and marital satisfaction in that they continue to significantly predict depression after controlling for negative affectivity.

Previous studies, including those by Watson et al. (1987), have examined the cross-sectional relationship among these self-report variables. By contrast, this study included data over two time points covering a span of 3 years to examine the effect of negative affectivity on social support, marital satisfaction, and depression over time. This permitted an examination of whether or not the effects of negative affectivity on these other self-report measures extend over time. The current study addressed this question using a measure of negative affectivity that was administered at Wave 2 and measures of social support, marital satisfaction, and depression that were administered at Wave 3.

This raises the question of whether NA is a state or a trait. Watson and Pennebaker (1989) suggest that individual differences in NA are stable over time and across contexts. If so, then I would expect to find that controlling for levels of NA at a previous point in time (i.e., Wave 2) would serve to eliminate the relationship of variables such as social support

and marital satisfaction with depression at a subsequent time point (Wave 3). However, my results did not support this prediction. Instead, I found that NA assessed at Wave 2 did not remove the relationship between social support and depression or marital satisfaction and depression at Wave 3.

A question this raises concerns whether or not controlling for NA would eliminate the relationships among these two relationship variables and depression cross-sectionally (i.e., at Wave 2). To address this question I conducted additional analyses that examined these relationships using measures of social support, marital satisfaction, depression, and NA assessed at Wave 2. The prediction of Wave 2 depression by Wave 2 marital satisfaction was not statistically significant even before controlling for negative affectivity. However, it was also found that the significant relationship between Wave 2 depression and Wave 2 social support became non-significant after controlling for Wave 2 negative affectivity, supporting Watson et al.'s (1987) findings.

Taken together, these findings suggest that the effects of negative affectivity do not appear to endure over time. Some researchers assert that the effects of negative affectivity vary as the context of the relationship changes. This could mean that changes in the dynamics of the marital relationship, indicated by self-reported satisfaction and perceived social support, could have altered the influence of negative activity on these variables.

The significant correlations between negative affectivity and depression and negative affectivity and perceived social support suggest that those high in personality traits such as negative affectivity are more likely to report distress and/or dissatisfaction in their lives and in their marriage. This could be explained by an interpersonal model, which implies that an individual's high level of negative affectivity has disruptive effects on his or her

relationships, or an intrapersonal model, which suggests a negativity bias in his or her perceptions regarding characteristics of his or her life. The results of this study suggest that individuals high in NA are actually experiencing, not just perceiving, distress and dissatisfaction in their lives in that after controlling for NA, the relationships between depression and other self-report variables continued to be significant. These results, therefore, do not support the intrapersonal model, the notion of a negativity bias in how an individual perceives his or her life.

It is important to consider the cultural context of the participants, as the sample was limited to African American women. Previous studies examining the effects of negative affectivity on self-report measures used primarily Caucasian samples; therefore, it is possible that the relationships among these variables are operating differently in the African American population. For example, African American marriages have been identified as distinct in regards to the importance placed on familial social support, which could explain the continued significance of spousal social support on depressive symptoms after controlling for negative affectivity.

Limitations

Several limitations of the current study should be acknowledged. A significant limitation was that I examined only one partner in the couple; more specifically, the study included only female partners. The question of how negative affectivity affects the associations between depression and relational variables would have been more adequately answered with data from both partners, as gender differences in the predictors of depression could have been examined.

The measures used in the study were also limited. The scale assessing marital satisfaction included only two questions, and depression and negative affectivity were assessed with subscales of the actual measures. It would be especially valuable in future research to include multiple measures of negative affectivity over multiple waves, allowing an examination of whether negative affectivity is a trait (i.e., stable) or a state (i.e., fluctuates over time). Also, because the current study was directly testing Watson et al.'s (1987) prediction that the association among certain variables would become nonsignificant after controlling for negative affectivity, it would have been beneficial to use the same measures of negative affectivity, depression, and stress as were used in their studies. Overall, additional or more thorough assessments of all the constructs would increase the validity of the findings.

Conclusion

To summarize, the results of this study do not support previous findings by Watson et al. (1987) suggesting that the relationships among various self-report measures reflect the influence of negative affectivity; after controlling for NA, the prediction of depression by marital satisfaction and perceived social support continued to be statistically significant. Also, the longitudinal design of the study has important implications regarding the nature of negative affectivity; that is, it appears that the effects of NA do not extend over time. This is not consistent with previous findings suggesting the stability of NA over time. Additional research should further explore the temporal effects of NA as well as the predictive nature of the construct.

APPENDIX A. SOCIAL PROVISIONS SCALE ITEMS

1. You can depend on [FNAME] to help you if you really need it.
2. You feel you could not turn to [FNAME] for guidance in times of stress.
3. [FNAME] enjoys the same social activities that you do.
4. You feel [FNAME] does not respect your skills and abilities.
5. If something went wrong, you feel [FNAME] would not come to your assistance.
6. Your relationship with [FNAME] provides you with a sense of emotional security and well-being.
7. You feel your competence and skills are recognized by [FNAME].
8. You feel [FNAME] does not share your interests and concerns.
9. You can turn to [FNAME] for advice if you are having problems.
10. You feel you lack emotional closeness with [FNAME].

APPENDIX B. NEGATIVITY SCALE ITEMS

1. Small problems often irritate you.
2. You frequently find yourself worrying about things.
3. You sometimes feel angry for no good reason.
4. Sometimes you feel edgy all day.
5. Little things upset you too much.
6. You often take your anger out on those around you.
7. You worry too much about things that don't really matter.
8. You are often nervous for no reason.
9. You can get very upset when little things don't go your way.
10. You worry about terrible things that might happen.
11. You are often troubled by guilty feelings.
12. You often have trouble sleeping because of your worries.
13. You often feel nervous and “stressed”.
14. Things seem to bother you less than they bother most other people.

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